



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

RECEIVED
By Carol Day at 9:17 am, Aug 29, 2013

CMI INTOXILYZER 5000 MAINTENANCE REPORT

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOXILYZER 5000 SN 66 003441	NAME OF AGENCY Grain Valley Police Department	DATE OF INSPECTION 08/27/2013
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LOCATION OF INSTRUMENT (STREET AND CITY) 711 N. Main St. Grain Valley	TIME OF INSPECTION 4:01 am
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CHECKLIST: Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DVM TEST: (.350 \pm .150) _____ 0.352

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) _____ DATE AND TIME (FROM PRINTOUT) 08/27/13 04:01

☒ CHARACTER DISPLAY TEST

☒ PRINT TEST (PRINTOUT ATTACHED)

☒ SIMULATOR SOLUTION SUPPLIER Guth Laboratories Inc. _____ LOT # 12040 _____ EXP. DATE 03/07/2014

☒ SIMULATOR TEMPERATURE (34°C \pm 0.2°C) _____ 34.0° _____ SIMULATOR SN SD 1434 _____ EXP. DATE 04/11/2014

☒ CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within \pm 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 \Rightarrow 0.099	TEST 2 \Rightarrow 0.100	TEST 3 \Rightarrow 0.101
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☒ PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	9	0-.04	0	.05-.09	3	.10-.14	7	.15-.19	3	Over .19	2
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

Meets all Department of Health and Senior Services specifications.
When used in a calibrated simulator operating at 34°C \pm .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100g/210L \pm 3%.

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME S. Tracy
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230151/08-01-2015	TELEPHONE NUMBER (816) 847-6250
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RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 12040 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 9, 2012, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1211% (w/vol) ethyl alcohol. The expiration date for this lot number is March 7, 2014 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

THIS SIDE UP/THIS EDGE IN

THIS SIDE UP/THIS EDGE IN

GUTH LABORATORIES, INC. 800-233-2338

GUTH LABORATORIES, INC. 800-233-2338

211 W. MAIN STREET
MUNICIPALIZER - ALCONO ANALYZER
NO MODEL 5000 SN 66-003441
08/27/2013

SN 66-003441
01/25/13
INVALID TEST
INHIBITED - RFI
08/27/2013
04:06

TEST	MEBC	TIME
AIR BLANK	.000	04:02
CHL. CHECK	.000	04:03
AIR BLANK	.000	04:03
CHL. CHECK	.100	04:04
AIR BLANK	.000	04:04
CHL. CHECK	.101	04:04
AIR BLANK	.000	04:05

NO RFI PRESENT

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

ADDITIONAL INFORMATION AND/OR REMARKS

ADDITIONAL INFORMATION AND/OR REMARKS

OPERATOR
S. MacG...
#2018

OPERATOR
S. MacG...
#2018

211 N. MAIN STREET
INSTRUMENT - ALCOHOL ANALYZER
SN 000515000 SN 66-0003441
08/27/2013

DIAGNOSTIC TEST

04:01

PROM CHECK E735.23 PASSED
RAM CHECK PASSED
TEMP CHECK PASSED
PROCESSOR CHECK PASSED
SYNC PULSE PASSED
SYNC SPEED PASSED
NEG STABILITY PASSED
POS STABILITY PASSED
REF RANGE PASSED

DIAGNOSTIC

PASSED

PRINTER CHECK
ABCDEFGHIJKLMNPOQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR
ADDITIONAL INFORMATION AND/OR REMARKS

SN 66-0003441

08/27/2013
04:01

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
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ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789

SUBJECT'S NAME

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STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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**PERMIT
TYPE II**

STEVEN K TRACY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000, INTOXILYZER 8000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/1/2013

NUMBER 230151

EXPIRES 8/1/2015


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)


LAB-4 (R6-10)



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator TRACY, STEVEN
Permit No 230151
Date Issued 8/1/2013 Date Expires 8/1/2015